MAXIMUS Federal Services

Case Number:	CM14-0027766		
Date Assigned:	06/16/2014	Date of Injury:	02/18/2010
Decision Date:	07/16/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 36 year old male whose date of injury is 02/18/10. The mechanism of injury is not provided, but medical report dated 02/20/14 notes that the injured worker was last seen on 09/04/12 for complaint of neck pain more than mid and low back pain. He now describes having headache diffusely in the top and along temporal area, and hurting behind his right ear. Referral to a neurologist was noted who obtained imaging study of the brain with finding of some vascular disorder. Neck pain never resolved all these years, still frequent on a daily basis. He has tried various NSAIDs. Terocin patch was prescribed at last visit and this turned out to be more helpful than oral medications. Limited examination was performed due to recent right lower extremity injury. Cervical spine mobility was satisfactory; uncomfortable in terminal extension; increased muscle tension affected lumbar paraspinal region. Tenderness was diffuse, nonspecific along the base of neck and also in lower lumbar region. There were no neurological findings/deficits. Cervical MRI from 05/03/10 was noted to show small protrusions at C4-5 and C5-6. Assessment was myofascial pain dysfunction syndrome; cervical dysfunction; lumbar strain. Treatment plan included Terocin patch; repeat cervical MRI; and acupuncture twice a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ACUPUNCTURE TREATMENT 2 TIMES A WEEK FOR 4 WEEKS CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture may be an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Functional improvement should be documented with 3-6 treatments with optimum duration of 1-2 months. Acupuncture may be extended if functional improvement is documented. Modified authorization was recommended for a trial of 6 acupuncture visits, with additional visits to be considered based on documented functional improvement in response to initial treatment. This was appropriate. As such, the request for acupuncture treatment 2 times a week for 4 weeks cervical and lumbar spine is not recommended as medically necessary.